

07-27-'05 15:25 FROM-Mattingly,Stanger 703-684-1157 T-426 P001/009 F-224
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PATENT, TRADEMARK
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

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FACSIMILE COVER LETTER

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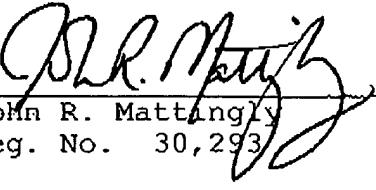
To: Examiner Kevin T. Bates
Group Art Unit 2155, USPTO

From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/730,577
Attorney Docket No.: H-956

CERTIFICATION OF FACSIMILE TRANSMISSION

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07-27-'05 15:25 FROM-Mattingly, Stanger
FORM PTO-1083

703-684-1157

T-426 P002/009 F-224

PATENT

Case Docket No. H-956

In RE application of Y. KANADA

Serial No.: 09/730,577

Group Art Unit: 2155

Filed: December 7, 2000

Examiner: K.T. Bates

For: NETWORK POLICY TRANSMISSION METHOD FROM
POLICY SERVER TO NETWORK NODE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

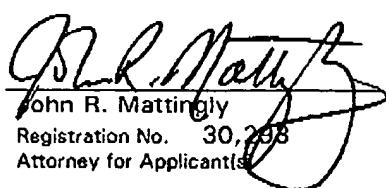
- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY		OTHER-THAN-A-SMALL ENTITY					
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra		Rate	Additional Fee					
Total	+ 5	Minus	** 5	- 0	x 9	\$						
Indep.	+ 2	Minus	*** 2	= 0	x 42	\$						
<input type="checkbox"/> First Presentation of Multiple Dependent Claims												
						+ 140	\$					
						Total	\$					
<input type="checkbox"/> If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3. <input type="checkbox"/> If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space. <input type="checkbox"/> If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space. The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.												
<input type="checkbox"/> Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.												
<input type="checkbox"/> A check in the amount of \$ _____ is attached in payment of:												
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.												
<input checked="" type="checkbox"/> Any filing fees under 37 CFR 1.16 for the presentation of extra claims.												
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.												
<input checked="" type="checkbox"/> Any Extension of Time fees that are necessary, which are hereby requested if necessary.												

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Date: July 27, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/730,577 Confirmation No. 9644

Applicant : Y. KANADA

Filed : December 7, 2000

Title : NETWORK POLICY TRANSMISSION METHOD
FROM POLICY SERVER TO NETWORK NODE

TC/AU : 2155

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Examiner : K. Bates

Docket No. : H-956

Customer No.: 24956

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of April 27, 2005, please amend the above-
identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks / Arguments begin on page 5 of this paper.
